

What is it?

[Medicare Prescription Payment Plan \(M3P\)](#) is a new payment option in the prescription drug law that works with your current drug coverage. This option helps you manage your out-of-pocket Medicare Part D drug costs by spreading them throughout the months of the year (January-December).

If you choose this option, you'll keep paying your plan premium (if you have one). Each month, you'll get a bill from IEHP for your prescription drugs instead of paying the pharmacy. M3P is voluntary, and there's no cost to take part in it.

This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.

You are likely to benefit from using the M3P if you have high drug costs earlier in the calendar year. While you can use this payment option at any time in the year, starting earlier (before September) gives you more months to spread out your drug costs.

How do I sign up?

There are two ways to enroll:

- 1 [Click here](#) for the Election Request form. Once the form is complete, print it out and mail it to IEHP at:

**IEHP P.O. Box 1800,
Rancho Cucamonga, CA 91729-1800
Attn: Pharmacy Dept. MPPP**

- 2 Call IEHP Member Services to speak with someone who can help you with enrolling in the program.

Remember, if you sign up late in the calendar year (after September), this payment option may not be the best choice for you. This is because, as new out-of-pocket drug costs are added to your monthly payment, there are fewer months left in the year to spread out your payments.

What are the standards for retroactive election (a process to choose to partake in the Medicare Prescription Payment Plan later) in cases where an enrollee believes a delay in filling a prescription may place their life, health or ability to regain maximum function at risk?

- Members may be eligible for retroactive election into the M3P if both conditions listed below are met:
1. The Part D enrollee believes any delay in filling the prescription(s) due to the 24-hour timeframe required to process their request to opt in may place their life, health or ability to regain maximum function at risk.
 2. The Part D enrollee requests retroactive election within 72 hours of the date and time the claim(s) were adjudicated (which means a formal, binding decision has been made).

What happens after I sign up?

Once IEHP reviews your request to take part in M3P, you will get a letter confirming your enrollment.

Then:

- When you get a prescription for a drug covered by Part D, IEHP will automatically let the pharmacy know that you're participating in this payment option. You won't pay the pharmacy.
 - Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call IEHP or ask the pharmacist.
- Each month, IEHP will send you a bill with the amount you owe for your prescriptions, when it's due and information on how to make a payment.

Will this help me?

It depends on your needs. **Remember, while this payment option might help you manage your monthly expenses, it doesn't save you money or lower your drug costs.**

You're most likely to benefit from using the M3P if you have high drug costs earlier in the calendar year. Although you can start using this option at any time, starting earlier in the year (like before September), gives you more months to spread out your drug costs. If you have questions about M3P, go to [medicare.gov/prescription-payment-plan/will-this-help-me](https://www.medicare.gov/prescription-payment-plan/will-this-help-me). Find out if you're likely to benefit from this payment option.

This payment option may not be the best choice for you if:

- Your yearly drug costs are low.
- Your drug costs are the same each month.
- You're thinking about signing up late in the year (after September).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program or other health coverage.

How do I pay my bill?

You can mail your payment to the MedImpact M3P Lockbox at:

MPPP Invoice Payments
P.O. Box 78028
Milwaukee, WI 53278-8028

What happens if I don't pay my bill?

You'll get a reminder from IEHP if you miss a payment. If you don't pay your bill by the date listed in that reminder, you'll be removed from the Medicare Prescription Payment Plan. You're required to pay the amount you owe, but you won't pay any interest or fees, even if your payment is late. You can choose to pay that amount all at once or be billed monthly. If you're removed from the Medicare Prescription Payment Plan, you'll still be enrolled with IEHP.

Call your plan if you think a mistake was made about your bill. If you think a mistake was made, you have the right to follow the grievance process found in your Member Handbook or Evidence of Coverage.

How do I leave?

You can leave the Medicare Prescription Payment Plan at any time by contacting IEHP. Leaving won't affect your Medicare drug coverage and other Medicare benefits. Keep in mind:

- 1. If you still hold a balance, you're required to pay the amount you owe, even though you're no longer enrolled.
- 2. You can choose to pay your balance all at once or be billed monthly.
- 3. You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave the M3P.

Examples of program calculations

Example 1: Start in January with high drug costs early in the year			
Month	Your Drug Costs (without this payment option)	Your Monthly Payment (with this payment option)	Notes
January	\$500	\$166.67	This is when you started participating in this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. Your bill is calculated for the rest of the months in the year differently.
February	\$500	\$75.76	
March	\$500	\$125.76	
April	\$500	\$181.31	This month you reached the annual out-of-pocket maximum (\$2,000 in 2025). You'll have no new out-of-pocket drug costs for the rest of the year.
May	\$0	\$181.31	
June	\$0	\$181.31	*You'll still get your \$500 drugs each month, but because you've reached the annual out-of-pocket maximum, you won't add any new out-of-pocket costs for the rest of the year. You'll continue to pay what you already owe.
July	\$0	\$181.31	
August	\$0	\$181.31	
September	\$0	\$181.31	
October	\$0	\$181.31	
November	\$0	\$181.31	
December	\$0	\$181.31	
Total	\$2000	\$2000	You'll pay the same total amount for the year, even if you don't use this payment option.

If you're concerned about paying \$500 each month from January to April, this payment option will help you manage your costs. If you prefer to pay \$500 each month for 4 months and then pay \$0 for the rest of the year, this payment option might not be right for you. Contact your health or drug plan for personalized help.

Example 2: Start in January with consistent costs throughout the year

Month	Your Drug Costs (without this payment option)	Your Monthly Payment (with this payment option)	Notes
January	\$80	\$80	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	\$80	\$7.27	
March	\$80	\$15.27	
April	\$80	\$24.16	
May	\$80	\$34.16	
June	\$80	\$45.59	
July	\$80	\$58.93	
August	\$80	\$74.92	
September	\$80	\$94.93	
October	\$80	\$121.59	
November	\$80	\$161.59	
December	\$80	\$241.59	
Total	\$960	\$960	You'll pay the same total amount for the year, even if you don't use this payment option.

Depending on your situation, you may not benefit from using this payment option due to the higher payments that start in September. Contact your health or drug plan for help.

Example 3: Start participating in April with varying costs throughout the year

Month	Your Drug Costs (without this payment option)	Your Monthly Payment (with this payment option)	Notes
January	\$4	\$4*	*You made these payments directly to the pharmacy before you started taking part in the Medicare Prescription Payment Plan.
February	\$4	\$4*	
March	\$4	\$4*	
April	\$617	\$220.89	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
May	\$4	\$50.01	
June	\$4	\$50.59	

July	\$124	\$71.25	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
August	\$4	\$72.05	
September	\$4	\$73.05	
October	\$124	\$114.39	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
November	\$4	\$116.39	
December	\$4	\$120.38	
Total	\$901	\$901	You'll pay the same total amount for the year, even if you don't use this payment option.

If you're concerned about paying \$617 in April, this payment option will help you spread your costs across monthly payments that vary throughout the year. If you're concerned about higher payments later in the year, this payment option might not be right for you. Contact your health or drug plan for personalized help.

How do I file a dispute about the cost sharing of a covered Part D drug?

You have the right to appeal this decision.

You have the right to ask us to review our decision by asking us for an appeal within 65 calendar days of the date of this notice. If you ask for an appeal after 65 days, you must explain why your appeal is late.

You or your prescribing provider have the right to ask us for a special type of appeal called an **"exception."** Your prescribing provider must provide a statement to support your exception request. Examples of an exception are:

- **Formulary exception:** you need a drug that's not on our list of our covered drugs (formulary).
- **Coverage rule exception:** you think a coverage rule (like prior authorization or a quantity limit) shouldn't apply to you for medical reasons.
- **Tiering exception:** you need to take a non-preferred drug that's on a higher cost-sharing tier, and you want our plan to cover the drug at a lower cost-sharing amount.

Who can ask for an appeal?

You, your prescribing provider, or your representative can ask for an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to be your representative. Others may already be authorized under State law to be your representative. To learn how to appoint a representative, call us at: **1-877-273-IEHP (4347)**. TTY users call: **1-800-718-4347**.

Important information about your appeal rights

There are two kinds of appeals: standard or expedited (fast)

Standard appeal: you'll get a written decision within 7 days (or 14 days if your appeal is about a payment for a drug you've already received).

Expedited appeal (fast): you'll get a written decision within 72 hours.

- You can ask for an expedited (fast) appeal when you or your prescribing provider believe that your health could be seriously harmed by waiting for a standard decision.
- You can't ask for an expedited appeal if you're asking us to pay you back for a drug you've already received.
- We'll automatically expedite your appeal if your prescribing provider asks for one for you (or supports your request) and indicates that waiting for a standard decision could seriously harm your health. If you ask for an expedited appeal without support from your prescribing provider, we'll decide if your health requires an expedited appeal. If we don't give you an expedited appeal, we'll process a standard appeal.

How to ask for an appeal

For a **standard appeal**: You can file an appeal by phone, by fax, online, or by mailing a letter to the address below:

Address:

**IEHP DualChoice
Grievance Department
P.O. Box 1800
Rancho Cucamonga, CA
91729-1800**

Phone: **1-877-273-IEHP (4347)**

TTY: **1-800-718-4347**

Fax: **(909) 890-5748**

Online: **www.iehp.org**

For an **expedited (fast) appeal**, calling is the fastest way to ask:

Phone: **1-877-273-IEHP (4347)**

TTY: **1-800-718-4347**

What to include with your appeal request

- Your name, address and member number
- The reasons you're appealing
- Any evidence you want to attach to support your case
- Supporting statement from your prescribing provider

What happens next

After you appeal, we'll review your case and give you a decision. If any of the drugs you asked for are still denied, you can ask for the next level of appeal, which is an independent review of your case by a reviewer outside of our plan. If you disagree with that decision, you'll have the right to further appeal. You'll be notified of your appeal rights if this happens.

Get help and more information

- 1-800-MEDICARE (1-800-633-4227), TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050 (1-888-466-9050)
- Elder Care Locator: 1-800-677-1116 or eldercare.acl.gov/public/index.aspx to find help in your community
- State Health Insurance Program: call your State Health Insurance Assistance Program for free, personalized health insurance counseling. Visit SHIPhelp.org or call 1-877-839- 2675 to get the number for your local SHIP.

If you have any questions or comments regarding this decision, please contact IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.